What's New in the July 2006 COHE Fee Schedule?

New billing code for Emergency Department Activity Prescription Forms (1072M) - Emergency Department providers will be required to use a new local code, 1072M, for their activity prescription forms (APF), beginning July 1, 2006. Payment for the ER APF (referred to as the "Emergency Department work status form" on the fee schedule) will increase slightly for inflation to \$28.17. As of August 1, 2006, ER providers who use the previous code (1069M) will have their bills rejected with an explanation of benefits indicating the 1069M code cannot be billed by that provider type. If you are an ER provider and receive this explanation of benefits, please re-bill with code1072M.

New Activity Prescription Form & Fee – There is a new Activity Prescription Form (Form # 245-067-000) that combines features from both COHE local forms. The L&I Activity Prescription Form (APF) will replace local APFs beginning July 1, 2006. The fee for the new, more complex APF is \$45.79 (increased from \$27.54).

Estimate of Physical Capacities Form (PCE) – As of August 1, 2006 providers will not be paid for PCEs (1048M & 1037M) completed on the same day of service as an Activity Prescription Form (1069M) due to duplication of information. The new Activity Prescription and Work Status form incorporates information previously included in the PCE.

Report of Accident (ROA) Modifier – The modifier "22" is no longer required to receive enhanced payment when an ROA is submitted within 2 business days. The system now calculates the days for appropriate payment.

Please Note - On fee schedule or billing concerns always to refer to L&I Medical Aid Rules and Fee Schedule (links below) as the final authority about proper billing codes and payment policies.

Medical Aid Rules and Fee Schedule

 $Payment\ Policies:\ \underline{http://www.lni.wa.gov/ClaimsIns/Files/ProviderPay/FeeSchedules/2006FS/Broadband/MarfsAll.pdf}$

Fee Schedule: http://www.lni.wa.gov/ClaimsIns/Files/ProviderPay/FeeSchedules/2006FS/Broadband/fsAll.pdf

Should you need assistance or clarification on billing issues you may contact:

- L&I Provider Hotline: 1-800-848-0811 or
- Kim Arakawa, Medical Program Specialist with the COHE Project at L&I (360) 902-6337 or arak235@lni.wa.gov

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Code Descriptions – Due to copyright restrictions CPT® codes do not include descriptions of service.

File Name: Fee schedule update for July 1, 2006 with introPage 1 of 5 Pilot Fee Schedule. Attachment F

Numbers in red are RVUs

	SERVICE	CODE	EDITS (PARAMETERS)	Maximum fee - non-facility setting	Maximum fee – facility setting
MENTORS	Complete assessment for impediments to return to work at 4 weeks of time loss.	1067M- TG low complexity 1067M moderate	1 per claim Rate set at Consultation codes 99243, 99244, and 99245 Pay for claims with ≥ 4 weeks of time loss	1067M- TG 176.76 1067M 249.41 1067M-TF -	1067M - TG 134.47 1067M - 198.45
		complexity 1067M-TF high complexity		1067M - TG - 3.26	1067M-TF – 264.59 1067M –TG – 2.48
				1067M - 4.6 1067M - TF - 5.94	1067M - 3.66 1067M - TF - 4.88
		99371 99372 99373		99371 - 15.18 99372 - 30.36 99373 - 45.54 9937128	99371 - 10.30 99372 - 20.60 99373 - 30.36 9937119
		(Use modifier 32 for calls to employers)		9937256 9937384	9937238 9937356

	SERVICE	CODE	EDITS (PARAMETERS)	Maximum fee - non-facility setting	Maximum fee – facility setting
		99361 99362		99361 – 97.60 99362 – 172.96	99361 – 68.32 99362 – 136.09
				99361 – 1.8 99362 – 3.19	99361 – 1.26 99362 – 2.51
	Work-site visit and job modifications	0389R 0390R	For non-vocational providers.	0389R - 9.93 per each 6 minutes	0389R - 9.93 per each 6 minutes
				0390R – 8.17 per each 6 minutes	0390R - 8.17 per each 6 minutes
HEALTH SERVICES COORDINATOR (NON-PHYSICIAN SERVICES)	Coordination of health services— face to face with patient	1152M 1153M	Must have actual contact with patient 1152M= 97003 1153M= 97004	1152M – 117.12 1153M – 70.49	1152M – 90.01 1153M – 43.92
	Coordination of health services— without face to face contact	G9001 G9002	G9001 – 1 per claim G9002 – maximum of 8 hours per claim	G9001 – 48.95 G9002 – 16.35 per each 15 minutes	G9001 – 48.95 G9002 – 16.35 per each 15 minutes
	Work-site visit and job modifications	0389R 0390R	For non-vocational providers	0389R – 9.93 per each 6 minutes 0390R – 8.17 per each 6 minutes.	0389R – 9.93 per each 6 minutes 0390R – 8.17 per each 6 minutes

	SERVICE	CODE	EDITS (PARAMETERS)	Maximum fee - non-facility setting	Maximum fee – facility setting
ATTENDING PHYSICIANS IN THE PILOT	ROA received by L&I within 2 business days of first provider visit.	1040M	Pay at 150% of 1040M Pay for medical only and time loss claims if ROA received within 2 business days of first provider visit	1040M - 52.83 1040M989	1040M - 52.83 1040M989
	ROA received by L&I more than 2 business days after first provider visit.	1040M	Pay according to L&I fee schedule	1040M - 35.22 1040M66	1040M - 35.22 1040M66
	Complete activity prescription at each evaluation health care visit.	1069M	No more than 6 within 12 weeks Pay for medical only and time loss claims	1069M - 45.79 1069M845	1069M - 45.79 1069M845
	Emergency Department work status form	1072M	Pay for medical only and time loss claims Based on APF fee prior to 7/1/06.	1072M - 28.17 1072M519	1072M - 28.17 1072M519

S	SERVICE	CODE	EDITS (PARAMETERS)	Maximum fee - non-facility setting	Maximum fee – facility setting
P	Physical medicine	1044M	No change in rate/description Limited to first six visits, except when a doctor practices in a remote area.	1044M - 40.09	1044M - 40.09
		99361 99362 99371		99361 – 97.60 99362 – 172.96 99371 – 15.18	99361 – 68.32 99362 – 136.09 99371 – 10.30
		99372 99373		99372 – 30.36 99373 – 45.54	99372 – 20.60 99373 – 30.36
		(Use modifier 32 for calls to employers)			
a ir re	Refer for Issessment of Impediments to Interest to work at 4 Inter	1070M	1 per claim Pay for claims with ≥4 weeks of time loss	1070M – 28.17	1070M – 28.17
a ir re w ()	complete assessment for appediments to eturn to work at 4 aveeks of time loss. performed by apperbases.	1068M	1 per claim Rate is the average of E/M codes 99213 and 99214	1068M - 97.60 1068M - 1.8	1068M - 68.05 1068M - 1.255
			Pay for claims with ≥ 4 weeks of time loss		